cid:image001.png@01D585A6.193162F0 PEDIATRIC SPECIALTY REFERRAL

**Fax to: 602-655-9142 □ Routine** **□ Urgent**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of referral: | | Practice Name: | | | | | | | | | |
| Referring Provider: | | PCP □ same as referring | | | | | | | | | |
| Referring Provider Signature: | | | | | | | | | | | |
| Practice Referral Contact Person: | | | | | | | | | | | |
| Practice Contact Phone#: | | Practice Contact Fax#: | | | | | | | | | |
| **Patient Demographic Information** | | | | | | | | | | | |
| Patient Name: | | | | | | DOB: | | | | | |
| Parent/Guardian Name: | | | | | | Relationship: | | | | | |
| Parent/Guardian Phone#: | | Alternate Phone#: □ none | | | | | | | | | |
| Patient Address: | | | | | | | | | | | |
| Patient’s Insurance | | Insurance ID#: | | | | | | | | | |
| Group: | | | | | | | | | |
| Authorization Number: | | #Visits: | | | | | □ Requested but pending | | | □ No Auth. required | |
| **Service Type Requested** | | | | | | | | | | | |
| **Pediatric Medical Specialty Requested:** | | | | | | | | | **Outpatient Procedure** | | |
| □ Adolescent | □ Genetics – Jan. ‘24 | | | □ Surgery | | | | | □ Echocardiogram | | |
| □ Audiology | □ Neurology | | | □ Urology\* | | | | | □ EKG (Walk-in M-F 7:00am-3:00pm) | | |
| □ Burn Clinic (Call 602-344-5112) | □ Neurosurgery | | |  | | | | | □ Holter Monitoring | | |
| □ Cardiology | □ OB/GYN (Teen OB) | | |  | | | | | □ Medical Imaging (Call 602-344-1300 or fax 602-344-1313)  (Please also complete Medical Imaging Referral form in its entirety to expedite scheduling) | | |
| □ Dental | □ Ortho (Trauma only) | | |  | | | | |
| □ Endocrinology | □ Podiatry | | |  | | | | |
| □ ENT | □ Pulmonary | | |  | | | | |
| □ Gastroenterology | □ ST □ OT □ PT | | |  | | | | | □ Other | | |
| **\*Not accepting patients\* Clinical Information:** | | | | | | | | | | | |
| Reason for referral: | | | | | | | | | | | |
| Diagnosis: | | | Dx Code: | | | | | | | | |
| **In order to assist us in providing the best care for your patient, please include copies of the following critical clinical information as well as results of any diagnostic testing that may have already been done and let us know what is pending.** | | | | | | | | | | | |
| Recent Progress notes: | | | | | □ Attached | | | □ None Available | | |  |
| Current Problem List: | | | | | □ Attached | | | □ None Available | | |  |
| Current Medication List: | | | | | □ Attached | | | □ None Available | | |  |
| Current Immunizations record: | | | | | □ Attached | | | □ None Available | | |  |
| Current Growth Chart: | | | | | □ Attached | | | □ None Available | | |  |
| Relevant X-ray reports: (Recent CXR needed for Cardiology) | | | | | □ Attached | | | □ None Available | | | □ Pending |
| Notes from previous specialists if not AzCC | | | | | □ Attached | | | □ None Available | | |  |
| Recent Pertinent Lab results | | | | | □ Attached | | | □ None available | | | □ Pending |
| Other pertinent diagnostic reports (i.e. EEG, EKG) | | | | | □ Attached | | | □ None available | | | □ Pending |